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GRAND RAPID	S, MI 49503			CHRISTINE M.	JUDG	E	(Depositor's name)
				May 18	20	M. wolge	(Signature)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	t	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/710,776 TITLE OF INVENTION:	08/02/2004 EXTRACTION CLEAR	NING WITH HEATING	David E. McDowell			71189-1571	4755
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0 \$1810		05/24/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
WILSON,	LEE D	3727	015-320000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)				
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG	in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the pa T a substitute for filing an a (B) RESIDENCE: (CITY	issignment.			cument has been filed for
BISSELL HOM	GRAND RAPIDS,	GRAND RAPIDS, MICHIGAN					
Please check the appropria	nte assignee category or	categories (will not be pr	inted on the patent):	Individual 🛂 Co	orporatio	on or other private grou	up entity Government
4a. The following fee(s) at Issue Fee  Publication Fee (No.)  Advance Order - #	small entity discount p	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
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